

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-033726

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

38

Primary Registration District No.

3006

Registrar's No.

530

STATE FILE NUMBER

FILED SEP 24 1962

1. PLACE OF DEATH

a. COUNTY

Boone

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

Columbia

Length of stay in lb

9 months

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

505 McBarrie

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Boone

admission)

c. CITY

OR TOWN

Columbia

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

505 McBarrie

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

EDGAR

Middle

TIBBS

Last

4. DATE OF DEATH

Month

Day

Year

Sept. 15 1962

5. SEX

male

6. COLOR OR RACE

Negro

7. Married ☐Never Married ☒Widowed ☐Divorced ☐

8. DATE OF BIRTH

June 28-1903

9. AGE (last birthday)

59 yr.

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state of country)

Boone County Mo. S. A.

12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME

R. J. Tibbs

13b. MOTHER'S MAIDEN NAME

Lovie Callaway

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

Lovie Tibbs

Address

201 N. Providence
Columbia, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Ventricular Fibrillation

INTERVAL BETWEEN ONSET AND DEATH

Immediate

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Ischaemic Heart Disease

DUE TO (c)

Hypertensive Heart Disease

Years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Sept. 1, 1962

to Sept. 15, 1962

and last saw him alive on Sept. 13, 1962

Death occurred at 2:00 A.M.

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Robert L. Wiggins, M.D.

22b. ADDRESS

201 N. Providence
Columbia, Mo.

22c. DATE SIGNED

Sept 17, 1962

23a. BURIAL CREMATION, REMOVAL (Specify)

Burial

23b. DATE

Sept. 18, 1962

23c. NAME OF CEMETERY OR CREMATORY

Calvary

23d. LOCATION (City, town, or county)

Columbia, Mo.

24. FUNERAL DIRECTOR

ADDRESS

Mrs. Stuart Parker, Columbia, Mo.

25. DATE RECD. BY LOCAL REG.

Sept 17 1962

26. REGISTRAR'S SIGNATURE

Mrs R E Palmer

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

DEC 7 1962

JUL 31 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by Howell T. May, Student Embalmer No. 667
working under my personal supervision.

Student Howell T. May
Signature of Student Embalmer

Signed George R. Trammell

Licensed Embalmer No. 4425

P. O. Address Columbiana

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.